

B1 (Official Form 1) (12/11)

United States Bankruptcy Court WESTERN DISTRICT OF VIRGINIA LYNCHBURG DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Davis, George Elmer		Name of Joint Debtor (Spouse) (Last, First, Middle): Davis, Lindsay Truslow
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6344		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-0443
Street Address of Debtor (No. and Street, City, and State): 823 Findlay Mountain Road Shipman, VA		Street Address of Joint Debtor (No. and Street, City, and State): 823 Findlay Mountain Road Shipman, VA
ZIP CODE 22971		ZIP CODE 22971
County of Residence or of the Principal Place of Business: Nelson		County of Residence or of the Principal Place of Business: Nelson
Mailing Address of Debtor (if different from street address): P.O. Box 95 Shipman, VA		Mailing Address of Joint Debtor (if different from street address): P.O. Box 95 Shipman, VA
ZIP CODE 22971		ZIP CODE 22971
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		THIS SPACE IS FOR COURT USE ONLY

Computer software provided by LegalPRO Systems, Inc., San Antonio, Texas (210) 561-5300, Copyright 1996-2013 (Build 9.1.69.1, ID 1611;

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **George Elmer Davis**
Lindsay Truslow Davis**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ George Elmer Davis
George Elmer Davis**X** /s/ Lindsay Truslow Davis
Lindsay Truslow Davis

Telephone Number (If not represented by attorney)

3/18/2013

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____
(Signature of Foreign Representative)_____
(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ David Wright for Cox Law Group, PLLC
David Wright for Cox Law Group, PLLC Bar No. 40424**Cox Law Group, PLLC**
900 Lakeside Drive
Lynchburg, VA 24501-3602Phone No. (434) 845-2600 Fax No. (434) 845-07273/18/2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Address****X** _____**Date**_____
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ George Elmer Davis**
George Elmer Davis

Date: **3/18/2013**

B 1D (Official Form 1, Exhibit D) (12/09)
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

Debtor(s)

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
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Continuation Sheet No. 1

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☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Lindsay Truslow Davis**
Lindsay Truslow Davis

Date: **3/18/2013**

B6A (Official Form 6A) (12/07)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
 (if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
823 Findlay Mountain Road, Shipman, VA 22971 CTA Value: \$99,900.00 BPO Value: \$62,000.00 Parcel No.: 69 A 142B County of Nelson	Tenants By the Entireties	J	\$62,000.00	\$67,341.00

Total: **\$62,000.00**
 (Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	J	\$80.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Union First Market Bank (Checking)	J	\$650.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Washer	J	\$200.00
		1 Sofa, 1 Love Seat, 1 Dining Table, 6 Dining Chairs, 1 Stove, 1 Refrigerator, 1 Dishwasher, 1 Microwave, 1 Dryer, 1 Recliner Chair, 2 Entertainment Centers, 1 Desk, 2 Coffee Tables, 5 Other Tables, 1 Nightstand, 3 Dressers, 2 Beds, 1 Futon, 3 TVs, 1 DVD Player, 5 Lamps, 1 Silverware Set.	J	\$626.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Men's and Women's Clothing	J	\$500.00
7. Furs and jewelry.		2 Wedding Rings	J	\$25.00
		3 Other Rings, 1 Watch, 2 Necklaces, 2 Bracelets, 4 Other Jewelry	J	\$72.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		2 Riding Mowers, 1 Weed Eater, 5 Hand Tools, 2 Power Tools, Lawn Furniture, 3 Guns, 3 Video Games, 1 Game System	J	\$200.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Potential funds due to Debtor unknown at this time, including State & Federal refunds, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.	J	\$1.00
19. Equitable or future interests, life estates, and rights or powers exercis- able for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliqui- dated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1982 Dodge Pickup Client's Estimated Value: \$200.00	W	\$200.00
		1994 Ford Mustang Edmunds Private Party Average Value: \$344.00	J	\$344.00
		1978 Ford Bronco Client's Estimated Value: \$200.00	J	\$200.00
		1997 Dodge Ram Truck Edmunds Private Party Average Value: \$1,162.00	J	\$1,162.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 Dogs	J	\$20.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total >				\$4,280.00

_____ **4** _____ continuation sheets attached
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/10)

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$146,450.*
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
823 Findlay Mountain Road, Shipman, VA 22971 CTA Value: \$99,900.00 BPO Value: \$62,000.00 Parcel No.: 69 A 142B County of Nelson	Va. Code Ann. § 34-4	\$1.00	\$62,000.00
Cash	Va. Code Ann. § 34-4	\$80.00	\$80.00
Union First Market Bank (Checking)	Va. Code Ann. § 34-4	\$650.00	\$650.00
Washer	Va. Code Ann. § 34-26(4a)	\$1.00	\$200.00
1 Sofa, 1 Love Seat, 1 Dining Table, 6 Dining Chairs, 1 Stove, 1 Refrigerator, 1 Dishwasher, 1 Microwave, 1 Dryer, 1 Recliner Chair, 2 Entertainment Centers, 1 Desk, 2 Coffee Tables, 5 Other Tables, 1 Nightstand, 3 Dressers, 2 Beds, 1 Futon, 3 TVs, 1 DVD Player, 5 Lamps, 1 Silverware Set.	Va. Code Ann. § 34-26(4a)	\$626.00	\$626.00
Men's and Women's Clothing	Va. Code Ann. § 34-26(4)	\$500.00	\$500.00
2 Wedding Rings	Va. Code Ann. § 34-26(1a)	\$25.00	\$25.00
3 Other Rings, 1 Watch, 2 Necklaces, 2 Bracelets, 4 Other Jewelry	Va. Code Ann. § 34-4	\$72.00	\$72.00
* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to ca commenced on or after the date of adjustment.		\$1,955.00	\$64,153.00

B6C (Official Form 6C) (4/10) -- Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
2 Riding Mowers, 1 Weed Eater, 5 Hand Tools, 2 Power Tools, Lawn Furniture, 3 Guns, 3 Video Games, 1 Game System	Va. Code Ann. § 34-4	\$200.00	\$200.00
Potential funds due to Debtor unknown at this time, including State & Federal refunds, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.	Va. Code Ann. § 34-4	\$1.00	\$1.00
1982 Dodge Pickup Client's Estimated Value: \$200.00	Va. Code Ann. § 34-4	\$200.00	\$200.00
1994 Ford Mustang Edmunds Private Party Average Value: \$344.00	Va. Code Ann. § 34-4	\$344.00	\$344.00
1978 Ford Bronco Client's Estimated Value: \$200.00	Va. Code Ann. § 34-4	\$200.00	\$200.00
1997 Dodge Ram Truck Edmunds Private Party Average Value: \$1,162.00	Va. Code Ann. § 34-26(8)	\$1,162.00	\$1,162.00
	Va. Code Ann. § 34-4	\$1.00	
2 Dogs	Va. Code Ann. § 34-26(5)	\$20.00	\$20.00
		\$4,083.00	\$66,280.00

B6D (Official Form 6D) (12/07)

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	DEB- TOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxx0003 Schewel Furn 139 Ambriar Plaza Amherst, VA 24521	J	DATE INCURRED: 01/21/2013 NATURE OF LIEN: Security Agreement COLLATERAL: Furniture REMARKS: VALUE: \$200.00		\$816.00	\$616.00
Representing: Schewel Furn		Schewel Furniture Company, Incorporated* Registered Agent: Donna S. Clark 1031 Main Street PO Box 6120 Lynchburg, VA 24505-0000		Notice Only	Notice Only
ACCT #: xxx4744 Vanderbilt Mortgage Attn: Bankruptcy Dept P.O. Box 9800 Maryville, TN 37802	J	DATE INCURRED: 07/2010 NATURE OF LIEN: Deed of Trust COLLATERAL: 823 Findlay Mountain Road, Shipman, REMARKS: CTA Value: \$99,900.00 Parcel No.: 69 A 142B County of Nelson VALUE: \$62,000.00		\$67,341.00	\$5,341.00
Subtotal (Total of this Page) >				\$68,157.00	\$5,957.00
Total (Use only on last page) >				\$68,157.00	\$5,957.00

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities)

B6E (Official Form 6E) (04/10)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of*

1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
 (If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY		Taxes and Certain Other Debts Owed to Governmental Units									
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO	AMOUNT NOT ENTITLED TO PRIORITY,			
ACCT #xxx/0443 Internal Revenue Service*** P O Box 7346 Philadelphia, PA 19114-7346	J	DATE INCURRED: 2012 CONSIDERATION: Federal Income Taxes REMARKS:			X	\$1.00	\$1.00	\$0.00			
ACCT #xxx/0443 Nelson County Treasurer Angela F. Johnson 84 Courthouse Square Post Office Box 100 Lovingston, VA 22949	J	DATE INCURRED: 2012 CONSIDERATION: Personal Property Taxes REMARKS:				\$341.00	\$341.00	\$0.00			
ACCT #xxx/0443 Va Department Of Taxation* Bankruptcy Unit P O Box 2156 Richmond, VA 23218-0000	J	DATE INCURRED: 2011 - 2012 CONSIDERATION: State Income Taxes REMARKS:				\$513.00	\$513.00	\$0.00			
Subtotals (Totals of this page) >						\$855.00	\$855.00	\$0.00			
Total >						\$855.00					
Totals >							\$855.00	\$0.00			

Sheet no. 1 of 1 continuation of Schedule E attached to Schedule of Creditors Holding Priority Claims
 (Use only on last page of the completed Schedule E.
 If applicable, report also on the Statistical

B6F (Official Form 6F) (12/07)

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx6397 Cavalry Portfolio Service PO Box 27288 Tempe, AZ 85285	H	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$219.00
Representing: Cavalry Portfolio Service		Sprint PO Box 96028 Charlotte, NC 28296-0000				Notice Only
ACCT #: xxxxx0027 CBC Collections PO Box 6220 Charlottesville, VA 22901-0000	H	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$40.00
Representing: CBC Collections		Martha Jefferson Cardiology				Notice Only
ACCT #: xxxxxx0627 Charlottesville Bureau Pob 6220 Charlottesvill, VA 22911	H	DATE INCURRED: 08/2012 CONSIDERATION: Medical REMARKS:				\$211.00
Representing: Charlottesville Bureau		Martha Jefferson Hospital 459 Locust Avenue Charlottesville, VA 22901-0000				Notice Only
Subtotal >						\$470.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

4 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx0626 Charlottesville Bureau Pob 6220 Charlottesville, VA 22911	H	DATE INCURRED: 08/2012 CONSIDERATION: Medical REMARKS:				\$183.00
Representing: Charlottesville Bureau		Martha Jefferson Hospital 459 Locust Avenue Charlottesville, VA 22901-0000				Notice Only
ACCT #: xxxxxx0027 Charlottesville Bureau Pob 6220 Charlottesville, VA 22911	H	DATE INCURRED: 04/2012 CONSIDERATION: Medical REMARKS:				\$40.00
Representing: Charlottesville Bureau		Martha Jefferson Hospital 459 Locust Avenue Charlottesville, VA 22901-0000				Notice Only
ACCT #: xxxxxx0377 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 05/2012 CONSIDERATION: Medical REMARKS:				\$495.00
Representing: Credit Control Corp		University of Virginia Health 1215 Lee Street Charlottesville, VA 22908				Notice Only
Sheet no. <u>1</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$718.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx1701 Focused Recovery Solut 9701 Metropolitan Ct Ste North Chesterfield, VA 23236	W	DATE INCURRED: 06/2007 CONSIDERATION: Medical REMARKS:				\$712.00
Representing: Focused Recovery Solut		Blue Ridge Medical Center 4038 Thomas Nelson Highway Arrington, VA 22922-0000				Notice Only
ACCT #: xxxxxxxxxxx8585 Fredericksburg Cr Bur 10506 Wakeman Dr Fredericksburg, VA 22407	H	DATE INCURRED: 01/2012 CONSIDERATION: Medical REMARKS:				\$336.00
Representing: Fredericksburg Cr Bur		Piedmont Emergency Consultants PLC P O Box 11647 Daytona Beach, FL 32120				Notice Only
ACCT #: xxxxxxxxxxx5562 Gemb/care Credit Attn: bankruptcy PO Box 103104 Roswell, GA 30076	H	DATE INCURRED: 06/2010 CONSIDERATION: Credit Card REMARKS:				\$2,461.00
ACCT #: xxxxxxx67-00 Martha Jefferson Hospital 459 Locust Avenue Charlottesville, VA 22901-0000	H	DATE INCURRED: 09/13/2011 CONSIDERATION: Judgment REMARKS:				\$7,903.00
Sheet no. <u>2</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$11,412.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Martha Jefferson Hospital		CBC Collections PO Box 6220 Charlottesville, VA 22901-0000				Notice Only
Representing: Martha Jefferson Hospital		Neal L. Walters, Esq. Scott/Kroner, PLC 418 East Water Street Charlottesville, VA 22902				Notice Only
ACCT #: xxxxx0959 Med Data Sys 2001 19th Ave Suite 312 Vero Beach, FL 32960	W	DATE INCURRED: 07/2010 CONSIDERATION: Medical REMARKS:				\$161.00
Representing: Med Data Sys		Centra Health * 1204 Fenwick Drive Lynchburg, VA 24502-0000				Notice Only
ACCT #: xxxxx9244 Northland Group PO Box 390840 Minneapolis, MN 55439	H	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$1,067.00
Representing: Northland Group		Capital One PO Box 26074 Richmond, VA 23260-0000				Notice Only
Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$1,228.00
						Total >
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx3494 Onemain Fi 6801 Colwell Blvd Irving, TX 75039	H	DATE INCURRED: 03/2012 CONSIDERATION: Open Account REMARKS:				\$8,227.00
ACCT #: xxxx6596 Transworld Systems, LLC 507 Prudential Road Horsham, PA 19044	H	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$763.00
Representing: Transworld Systems, LLC		Cardiovascular Associates of Central VA PO Box 2749 2410 Atherholt Road Lynchburg, VA 24501				Notice Only
ACCT #: xxxxxx4980 University Of Va PO Box 800750 Charlottesville, VA 22908-0000	H	DATE INCURRED: 2011 CONSIDERATION: Medical REMARKS:				\$620.00
ACCT #: xxxxx7205 Verizon 500 Technology Dr Ste 30 Weldon Spring, MO 63304	H	DATE INCURRED: 11/2000 CONSIDERATION: Open Account REMARKS:				\$235.00
Representing: Verizon		Solomon And Solomon, P.C. 5 Columbia Circle Box 15019 Albany, NY 12212-5019				Notice Only
Sheet no. <u>4</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$9,845.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total > \$23,673.00

B6G (Official Form 6G) (12/07)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor

in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly

Debtor's Marital Status: Married	Dependents of Debtor and Spouse	
	Relationship(s):	Age(s):
Employment:	Debtor	Spouse (# of additional employers: 1)
Occupation	Truck Driver	Transportation
Name of Employer	CountryLine Inc	Nelson County Public School
How Long Employed	6 Years	13 Years
Address of Employer	169 Chestnut Lane Amherst, VA 24521	P.O. Box 276 84 Courthouse Square Lovingston, VA 22949

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$2,922.10	\$1,478.35
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$2,922.10	\$1,478.35
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$661.40	\$167.56
b. Social Security Tax	\$0.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$661.40	\$167.56
6. TOTAL NET MONTHLY TAKE HOME PAY	\$2,260.70	\$1,310.79
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify): _____	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. _____ / Part-Time Job	\$0.00	\$250.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$0.00	\$250.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$2,260.70	\$1,560.79
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$3,821.49	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6I (Official Form 6I) (12/07)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet No. 1

Additional Employment

Employment	Debtor	Spouse
Occupation Name of Employer How Long Employed Address of Employer		Care Giver (Part-time) Public Partership 5 Years
Employment	Debtor	Spouse
Occupation Name of Employer How Long Employed Address of Employer		

B6J (Official Form 6J) (12/07)

IN RE: **George Elmer Davis**
Lindsay Truslow DavisCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any

payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$754.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: Cell Phone(s)	\$275.00 \$150.00
3. Home maintenance (repairs and upkeep)	\$75.00
4. Food	\$520.00
5. Clothing	\$100.00
6. Laundry and dry cleaning	\$100.00
7. Medical and dental expenses	\$175.00
8. Transportation (not including car payments)	\$450.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$75.00
10. Charitable contributions	\$10.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$107.00 \$160.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify: Personal Property Taxes	\$20.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: d. Other:	
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: See attached personal expenses 17.b. Other:	\$425.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$3,396.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: Note: Debtors have no health insurance thus high medical expense. Husband is diabetic and has to be on a	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	 \$3,821.49 \$3,396.00 \$425.49

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE: George Elmer Davis
Lindsay Truslow Davis

CASE NO

CHAPTER 13

EXHIBIT TO SCHEDULE J

Itemized Personal Expenses

Expense	Amount
Cable/Satellite	\$150.00
Prescriptions	\$125.00
Haircare & Grooming	\$100.00
Pet Care & Food	\$50.00
Total >	\$425.00

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$62,000.00	<div>\$68,157.00</div> <div>\$855.00</div> <div>\$23,673.00</div>	
B - Personal Property	Yes	5	\$4,280.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			
J - Current Expenditures of Individual Debtor(s)	Yes	2			
TOTAL		22	\$66,280.00	\$92,685.00	

Form 6 - Statistical Summary (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$855.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$855.00

State the following:

Average Income (from Schedule I, Line 16)	\$3,821.49
Average Expenses (from Schedule J, Line 18)	\$3,396.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$5,030.26

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$5,957.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$855.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$23,673.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$29,630.00

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 3/18/2013

Signature /s/ George Elmer Davis
George Elmer Davis

Date 3/18/2013

Signature /s/ Lindsay Truslow Davis
Lindsay Truslow Davis

[If joint case, both spouses must sign.]

B7 (Official Form 7) (12/12)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

AMOUNT	SOURCE
\$40,000.00	Income 2011 H
\$42,000.00	Income 2012 H
\$7,199.00	Income 2013 H
\$23,819.00	Income 2011 W
\$25,000.00	Income 2012 W
\$2,584.00	Income 2013 W

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

☒

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency.

None

☒

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

**CAPTION OF SUIT AND
CASE NUMBER**

**Martha Jefferson Hospital, c/o
Scott/Kroner PLC
v.
George E. Davis
Case No.: GV 12004567-00**

**NATURE OF PROCEEDING
Warrant In Debt**

**COURT OR AGENCY
AND LOCATION
City of Charlottesville
General District Court
606 East Market Street
Charlottesville, VA
22902**

**STATUS OR
DISPOSITION
Default Judgment**

None

☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information

5. Repossessions, foreclosures and returns

None

☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

6. Assignments and receiverships

None

☒

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or

None

☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

7. Gifts

None

☒

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

8. Losses

None

☒

List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding

NAME AND ADDRESS OF PAYEE
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602

DATE OF PAYMENT,
NAME OF PAYER IF
OTHER THAN DEBTOR
03/18/2013

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY
See Exhibit A to Form 2016.

10. Other transfers

None

☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter

None

☒

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or

11. Closed financial accounts

None

☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

12. Safe deposit boxes

None

☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

13. Setoffs

None

☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

14. Property held for another person

None

☒

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None

☒

If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the

None



b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

20. Inventories

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the

24. Tax Consolidation Group

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of

25. Pension Funds

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer,

B7 (Official Form 7) (12/12) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 6

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **3/18/2013**

Signature **/s/ George Elmer Davis**
of Debtor **George Elmer Davis**

Date **3/18/2013**

Signature **/s/ Lindsay Truslow Davis**
of Joint Debtor **Lindsay Truslow Davis**
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

B 201B (Form 201B) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **George Elmer Davis**
Lindsay Truslow Davis

Case No. _____
Chapter **13**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u>George Elmer Davis</u>	X <u>/s/ George Elmer Davis</u>	<u>3/18/2013</u>
<u>Lindsay Truslow Davis</u>	Signature of Debtor	Date
Printed Name(s) of Debtor(s)	X <u>/s/ Lindsay Truslow Davis</u>	<u>3/18/2013</u>
Case No. (if known) _____	Signature of Joint Debtor (if any)	Date

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, **David Wright for Cox Law Group, PLLC**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ David Wright for Cox Law Group, PLLC

David Wright for Cox Law Group, PLLC, Attorney for Debtor(s)

Bar No.: 40424

Cox Law Group, PLLC

900 Lakeside Drive

Lynchburg, VA 24501-3602

Phone: (434) 845-2600

Fax: (434) 845-0727

E-Mail: ecf@coxlawgroup.com

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE: George Elmer Davis
Lindsay Truslow Davis

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$2,750.00</u>
Prior to the filing of this statement I have received:	<u>\$0.00</u>
Balance Due:	<u>\$2,750.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)
To be paid by the Chapter 13 Trustee. See Exhibit A.

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the Debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

3/18/2013

Date

/s/ David Wright for Cox Law Group, PLLC

David Wright for Cox Law Group, PLLC Bar No. 40424
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602
Phone: (434) 845-2600 / Fax: (434) 845-0727

/s/ George Elmer Davis

George Elmer Davis

/s/ Lindsay Truslow Davis

Lindsay Truslow Davis

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

IN RE: **George Elmer Davis**
Lindsay Truslow Davis

CASE NO

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/18/2013

Signature /s/ George Elmer Davis
George Elmer Davis

Date 3/18/2013

Signature /s/ Lindsay Truslow Davis
Lindsay Truslow Davis

Blue Ridge Medical Center
4038 Thomas Nelson Highway
Arrington, VA 22922-0000

Capital One
PO Box 26074
Richmond, VA 23260-0000

Cardiovascular Associates of Central VA
PO Box 2749
2410 Atherholt Road
Lynchburg, VA 24501

Cavalry Portfolio Service
PO Box 27288
Tempe, AZ 85285

CBC Collections
PO Box 6220
Charlottesville, VA 22901-0000

Centra Health *
1204 Fenwick Drive
Lynchburg, VA 24502-0000

Charlottesville Bureau
Pob 6220
Charlottesvill, VA 22911

Credit Control Corp
11821 Rock Landing Dr
Newport News, VA 23606

Focused Recovery Solut
9701 Metropolitan Ct Ste
North Chesterfield, VA 23236

Fredericksburg Cr Bur
10506 Wakeman Dr
Fredericksburg, VA 22407

Gemb/care Credit
Attn: bankruptcy
PO Box 103104
Roswell, GA 30076

Internal Revenue Service***
P O Box 7346
Philadelphia, PA 19114-7346

Martha Jefferson Cardiology

Martha Jefferson Hospital
459 Locust Avenue
Charlottesville, VA 22901-0000

Med Data Sys
2001 19th Ave Suite 312
Vero Beach, FL 32960

Neal L. Walters, Esq.
Scott/Kroner, PLC
418 East Water Street
Charlottesville, VA 22902

Nelson County Treasurer
Angela F. Johnson
84 Courthouse Square
Post Office Box 100

Northland Group
PO Box 390840
Minneapolis, MN 55439

Onemain Fi
6801 Colwell Blvd
Irving, TX 75039

Piedmont Emergency Consultants PLC
P O Box 11647
Daytona Beach, FL 32120

Schewel Furn
139 Ambriar Plaza
Amherst, VA 24521

Schewel Furniture Company, Incorporated*
Registered Agent: Donna S. Clark
1031 Main Street
PO Box 6120

Solomon And Solomon, P.C.
5 Columbia Circle
Box 15019
Albany, NY 12212-5019

Sprint
PO Box 96028
Charlotte, NC 28296-0000

Transworld Systems, LLC
507 Prudential Road
Horsham, PA 19044

University Of Va
PO Box 800750
Charlottesville, VA 22908-0000

University of Virginia Health
1215 Lee Street
Charlottesville, VA 22908

Va Department Of Taxation*
Bankruptcy Unit
P O Box 2156
Richmond, VA 23218-0000

Vanderbilt Mortgage
Attn: Bankruptcy Dept
P.O. Box 9800
Maryville, TN 37802

Verizon
500 Technology Dr Ste 30
Weldon Spring, MO 63304

B 22C (Official Form 22C) (Chapter 13) (12/10)In re: **George Elmer Davis**

Lindsay Truslow Davis

Case Number:

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
☒ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly.

Joint debtors may complete one statement only.

Part I. REPORT OF INCOME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.			
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$2,655.67	\$2,374.59
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.			
	a.	Gross receipts	\$0.00	\$0.00
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00
	c.	Business income	Subtract Line b from Line a	\$0.00
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.			
	a.	Gross receipts	\$0.00	\$0.00
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00
	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00
5	Interest, dividends, and royalties.		\$0.00	\$0.00
6	Pension and retirement income.		\$0.00	\$0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$0.00	\$0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$0.00	Spouse \$0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.			
	b.			
			\$0.00	\$0.00

B 22C (Official Form 22C) (Chapter 13) (12/10)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$2,655.67	\$2,374.59
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$5,030.26	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.	\$5,030.26									
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											
14	Subtract Line 13 from Line 12 and enter the result.	\$5,030.26									
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$60,363.12									
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Virginia</u> b. Enter debtor's household size: <u>2</u></p>	\$64,593.00									
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>										

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$5,030.26									
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											

B 22C (Official Form 22C) (Chapter 13) (12/10)

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$5,030.26
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$60,363.12
22	Applicable median family income. Enter the amount from Line 16.	\$64,593.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number or persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.																											
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																											
	<table border="1"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons under 65 years of age			a1.	Allowance per person		b1.	Number of persons		c1.	Subtotal		<table border="1"> <thead> <tr> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a2.</td> <td>Allowance per person</td> <td></td> </tr> <tr> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons 65 years of age or older			a2.	Allowance per person		b2.	Number of persons		c2.	Subtotal	
Persons under 65 years of age																												
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Persons 65 years of age or older																												
a2.	Allowance per person																											
b2.	Number of persons																											
c2.	Subtotal																											
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.																											

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25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="194 346 1291 493"> <tr> <td data-bbox="203 346 235 378">a.</td> <td data-bbox="235 346 958 378">IRS Housing and Utilities Standards; mortgage/rent expense</td> <td data-bbox="958 346 1291 378"></td> </tr> <tr> <td data-bbox="203 378 235 451">b.</td> <td data-bbox="235 378 958 451">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td data-bbox="958 378 1291 451"></td> </tr> <tr> <td data-bbox="203 451 235 493">c.</td> <td data-bbox="235 451 958 493">Net mortgage/rental expense</td> <td data-bbox="958 451 1291 493">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47		c.	Net mortgage/rental expense	Subtract Line b from Line a.	
a.	IRS Housing and Utilities Standards; mortgage/rent expense										
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47										
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>										
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										

B 22C (Official Form 22C) (Chapter 13) (12/10)

28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		

B 22C (Official Form 22C) (Chapter 13) (12/10)

Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37											
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 39</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.										
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.										
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.										
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.										

B 22C (Official Form 22C) (Chapter 13) (12/10)**Subpart C: Deductions for Debt Payment**

47	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="2">Total: Add Lines a, b and c</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.				<input type="checkbox"/> yes <input type="checkbox"/> no	b.				<input type="checkbox"/> yes <input type="checkbox"/> no	c.				<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c		
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			Total: Add Lines a, b and c																								
48	<p>Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.				b.				c.							Total: Add Lines a, b and c						
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																								
a.																											
b.																											
c.																											
			Total: Add Lines a, b and c																								
49	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.</p>																										
50	<p>Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%;"></td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">%</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly chapter 13 plan payment.		b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	%	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																	
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c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																									
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.																										
Subpart D: Total Deductions from Income																											
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.																										

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	<p>Total current monthly income. Enter the amount from Line 20.</p>	
54	<p>Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.</p>	

B 22C (Official Form 22C) (Chapter 13) (12/10)

55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).																	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.																	
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.																	
		<table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	
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a.																		
b.																		
c.																		
		Total: Add Lines a, b, and c																
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.																	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.																	

Part VI: ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.															
	<table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2">Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.			b.			c.				Total: Add Lines a, b, and c	
	Expense Description	Monthly Amount														
a.																
b.																
c.																
	Total: Add Lines a, b, and c															

Part VII: VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>3/18/2013</u>	Signature: <u>/s/ George Elmer Davis</u> George Elmer Davis
	Date: <u>3/18/2013</u>	Signature: <u>/s/ Lindsay Truslow Davis</u> Lindsay Truslow Davis